

PTO/SB/97 (US-43)

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RCE (PTO/SB/30), in duplicate;  
PETITION FOR 2 MONTH EXTENSION (PTO/SB/22),  
in duplicate; and  
AMENDMENT, 11 pages.

Serial No.: 10/578,952  
Art Unit: 2423

Examiner: Junior O. Mendoza  
Docket No.: PU030295

TOTAL NUMBER OF PAGES INCLUDING THIS SHEET: 18

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
for FY 2007☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**1300.00**

## Complete if Known

Application Number	10/578,952
Filing Date	May 10, 2006
First Named Inventor	Chad Andrew Le Fevre
Examiner Name	Junior O. Mendoza
Art Unit	2423
Attorney Docket No.	PU030295

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## FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)

Small Entity Fee (\$)

Fee (\$)

Each independent claim over 3 (including Reissues)

Fee (\$)

Fee (\$)

Multiple dependent claims

Multiple Dependent Claims Fee (\$)

Fee Paid (\$)

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- or HP =

x

\$50

= \$

HP = highest number of total claims paid for, if greater than 20.

Independent Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- or HP =

x

\$200

= 0

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): FEE FOR TWO MONTH EXTENSION - \$490.00


RCE FEE

- \$810.00

Fees Paid (\$)

\$1300.00

## SUBMITTED BY

Name (Print/Type)	PAUL P. KIEL	Registration No. (Attorney/Agent)	40,677	Telephone	(609) 734-6815
Signature					May 7, 2009

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1462, Alexandria, VA 22313-1462. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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# **FEE TRANSMITTAL**

## for FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT (\$)** 1300.00

Complete if Known

Application Number **10/578,952**  
Filing Date **May 10, 2006**  
First Named Inventor **Chad Andrew Le Fevre**  
Examiner Name **Junior O. Mendoza**  
Art Unit **2423**  
Attorney Docket No. **PU030295**

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Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
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Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

### 2. EXCESS CLAIM FEES

#### Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

**Total Claims**            **Extra Claims**            **Fee (\$)** \$50 **Fee Paid (\$)**           

HP = highest number of total claims paid for, if greater than 20.

**Independent Claims**            **Extra Claims**            **Fee (\$)** \$200 **Fee Paid (\$)** 0

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**Total Sheets**            **Extra Sheets**            **Number of each additional 50 or fraction thereof**            **Fee (\$)**            **Fee Paid (\$)**           

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): **FEE FOR TWO MONTH EXTENSION - \$490.00**  
**RCE FEE - \$810.00**

**Fees Paid (\$)**

**\$1300.00**

### SUBMITTED BY

Name (Print/Type) **PAUL P. KIEL** Registration No. **40,677** Telephone **(809) 734-6815**  
Signature *Paul P. Kiel* **May 7, 2009**

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